

Animal Hospital

of Shawnee Hills

Healthy Pets Happy Hearts

Medication/Supplement Log

Thank you for choosing Animal Hospital of Shawnee Hills for your pet's care! Please complete a section for each medication, supplement, or medicinal treatment. Be as specific as possible and provide all information to ensure the best care for your pet. We want your pet to feel like they are at home! Upon boarding admission, bring all medication and supplements in the **original container**. Include only enough for the length of your pet's stay at AHSH. Please note there may be an additional charge for the administration of some medications and treatments. Any pet receiving injections more than once during their stay will be boarded in our medical suite in the upper level under the supervision of a veterinary technician (additional care and charges will apply).

Pet Owner Name:		Pet Name, Breed/Type:		Arrival Date	Departure Date	
Staff Member Printed Name (Check-in):				Date:		
MEDICATION 1	Name of Medication/Supplement:					
	Dosage of Medication/Supplement: (Ex: 500mg every 12 hours)					
	Condition Being Treated:					
	Will the course of treatment be completed while your pet is in our care? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Type of Medication/Supplement: <input type="checkbox"/> Capsule <input type="checkbox"/> Tablet <input type="checkbox"/> Chew <input type="checkbox"/> Ointment <input type="checkbox"/> Drops <input type="checkbox"/> Spray <input type="checkbox"/> Powder <input type="checkbox"/> Injection, Injection site: _____ <input type="checkbox"/> Other: _____					
	Timeframe of Administration: <input type="checkbox"/> 7-9 AM <input type="checkbox"/> 1-3 PM <input type="checkbox"/> 3-5 PM <input type="checkbox"/> 9-10 PM <input type="checkbox"/> Other:					
	Best administered by the following method: <input type="checkbox"/> Eats it as treat, it tastes great! <input type="checkbox"/> Orally (pill popper needed) <input type="checkbox"/> In a meal (just toss it in!) <input type="checkbox"/> In a snack (hide it in a pill pocket) <input type="checkbox"/> Peanut Butter <input type="checkbox"/> Cheese <input type="checkbox"/> Canned food (rolled into a ball) <input type="checkbox"/> Other:					
	Additional/Special instructions:					
	(Staff member use only) Quantity of Medication/Supplement provided by pet parent at drop off:				Staff Member Initials:	
	MEDICATION 2	Name of Medication/Supplement:				
Dosage of Medication/Supplement: (Ex: 500mg every 12 hours)						
Condition Being Treated:						
Will the course of treatment be completed while your pet is in our care? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Type of Medication/Supplement: <input type="checkbox"/> Capsule <input type="checkbox"/> Tablet <input type="checkbox"/> Chew <input type="checkbox"/> Ointment <input type="checkbox"/> Drops <input type="checkbox"/> Spray <input type="checkbox"/> Powder <input type="checkbox"/> Injection, Injection site: _____ <input type="checkbox"/> Other: _____						
Timeframe of Administration: <input type="checkbox"/> 7-9 AM <input type="checkbox"/> 1-3 PM <input type="checkbox"/> 3-5 PM <input type="checkbox"/> 9-10 PM <input type="checkbox"/> Other:						
Best administered by the following method: <input type="checkbox"/> Eats it as treat, it tastes great! <input type="checkbox"/> Orally (pill popper needed) <input type="checkbox"/> In a meal (just toss it in!) <input type="checkbox"/> In a snack (hide it in a pill pocket) <input type="checkbox"/> Peanut Butter <input type="checkbox"/> Cheese <input type="checkbox"/> Canned food (rolled into a ball) <input type="checkbox"/> Other:						
Additional/Special instructions:						
(Staff member use only) Quantity of Medication/Supplement provided by pet parent at drop off:				Staff Member Initials:		

Animal Hospital of Shawnee Hills
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MEDICATION 3	Name of Medication/Supplement:	
	Dosage of Medication/Supplement: (Ex: 500mg every 12 hours)	
	Condition Being Treated:	
	Will the course of treatment be completed while your pet is in our care? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Type of Medication/Supplement: <input type="checkbox"/> Capsule <input type="checkbox"/> Tablet <input type="checkbox"/> Chew <input type="checkbox"/> Ointment <input type="checkbox"/> Drops <input type="checkbox"/> Spray <input type="checkbox"/> Powder <input type="checkbox"/> Injection, Injection site: _____ <input type="checkbox"/> Other: _____	
	Timeframe of Administration: <input type="checkbox"/> 7-9 AM <input type="checkbox"/> 1-3 PM <input type="checkbox"/> 3-5 PM <input type="checkbox"/> 9-10 PM <input type="checkbox"/> Other: _____	
	Best administered by the following method: <input type="checkbox"/> Eats it as treat, it tastes great! <input type="checkbox"/> Orally (pill popper needed) <input type="checkbox"/> In a meal (just toss it in!) <input type="checkbox"/> In a snack (hide it in a pill pocket) <input type="checkbox"/> Peanut Butter <input type="checkbox"/> Cheese <input type="checkbox"/> Canned food (rolled into a ball) <input type="checkbox"/> Other: _____	
	Additional/Special instructions:	
(Staff member use only) Quantity of Medication/Supplement provided by pet parent at drop off:	Staff Member Initials:	

Dosage of Medication/Supplement: (Ex: 500mg every 12 hours)	
Condition Being Treated:	
Will the course of treatment be completed while your pet is in our care? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Medication/Supplement: <input type="checkbox"/> Capsule <input type="checkbox"/> Tablet <input type="checkbox"/> Chew <input type="checkbox"/> Ointment <input type="checkbox"/> Drops <input type="checkbox"/> Spray <input type="checkbox"/> Powder <input type="checkbox"/> Injection, Injection site: _____ <input type="checkbox"/> Other: _____	
Timeframe of Administration: <input type="checkbox"/> 7-9 AM <input type="checkbox"/> 1-3 PM <input type="checkbox"/> 3-5 PM <input type="checkbox"/> 9-10 PM <input type="checkbox"/> Other: _____	
Best administered by the following method: <input type="checkbox"/> Eats it as treat, it tastes great! <input type="checkbox"/> Orally (pill popper needed) <input type="checkbox"/> In a meal (just toss it in!) <input type="checkbox"/> In a snack (hide it in a pill pocket) <input type="checkbox"/> Peanut Butter <input type="checkbox"/> Cheese <input type="checkbox"/> Canned food (rolled into a ball) <input type="checkbox"/> Other: _____	
Additional/Special instructions:	
(Staff member use only) Quantity of Medication/Supplement provided by pet parent at drop off:	Staff Member Initials:

MEDICATION 5	Name of Medication/Supplement:	
	Dosage of Medication/Supplement: (Ex: 500mg every 12 hours)	
	Condition Being Treated:	
	Will the course of treatment be completed while your pet is in our care? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Type of Medication/Supplement: <input type="checkbox"/> Capsule <input type="checkbox"/> Tablet <input type="checkbox"/> Chew <input type="checkbox"/> Ointment <input type="checkbox"/> Drops <input type="checkbox"/> Spray <input type="checkbox"/> Powder <input type="checkbox"/> Injection, Injection site: _____ <input type="checkbox"/> Other: _____	
	Timeframe of Administration: <input type="checkbox"/> 7-9 AM <input type="checkbox"/> 1-3 PM <input type="checkbox"/> 3-5 PM <input type="checkbox"/> 9-10 PM <input type="checkbox"/> Other: _____	
	Best administered by the following method: <input type="checkbox"/> Eats it as treat, it tastes great! <input type="checkbox"/> Orally (pill popper needed) <input type="checkbox"/> In a meal (just toss it in!) <input type="checkbox"/> In a snack (hide it in a pill pocket) <input type="checkbox"/> Peanut Butter <input type="checkbox"/> Cheese <input type="checkbox"/> <input type="checkbox"/> Canned food (rolled into a ball) <input type="checkbox"/> Other: _____	
	Additional/Special instructions:	
(Staff member use only) Quantity of Medication/Supplement provided by pet parent at drop off:	Staff Member Initials:	